Born in Cleveland YES NO			
CA SSILL LAST NAME			
A	Tel. GA 1-1052		
1	CLASS	DO NOT WRITE IN THESE COLUMNS	
	; /	1 = 10 5	A
-40	4	1512	77
40	4	1513 -	1
	/		
Use second blank if required			

COUNTY CITY NO. Out-of-town residents should state whether return shipment is required. Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.. MEDIUN TITLE NUMBER FOR SALE EDITION (Graphic Prts.) INTAG INE INSIDE UNDETERMIN INTAG WWI

FIRST NAME

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

THE CLEVELAND MUSEUM OF ART

Collaborator if any

MAY 8 to JUNE 16, 1963

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE